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American Annals of the Deaf, Volume 153, Number 4, Fall 2008, pp. 376-383 (Article)

Published by Gallaudet University Press
DOI: 10.1353/aad.0.0059

CHILD ABUSE AND DEAFNESS: AN OVERVIEW

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THE PROFESSIONAL LITERATURE contains research and anecdotal information on various maltreatments affecting children and youth with and without disabilities. Unfortunately, little information exists on abused children with hearing loss. Reasons relate to a lack of quantity and quality in research on this population; challenges in conducting research using sound methodological principles that consider the population's heterogeneity (e.g., mode of communication, language level, parental perspective on deafness, educational placement); and scarce intervention services with professionals trained in the unique needs of children with hearing loss. The present article discusses types of abuse prevalent within the overall population of children and that of children with hearing loss, shares a rationale for practitioners and those training future practitioners to understand abuse among this unique population, proposes a research agenda based on existing information, and provides suggestions for supporting children who are deaf or hard of hearing and abused.

The professional literature contains research and anecdotal information relating to various maltreatments that affect children and youth, such as sexual, physical, and psychological abuse or neglect. Unfortunately, little information is available regarding abused children who are deaf or hard of hearing. Reasons for this relate to a lack of overall quantity and quality of the research on this population; challenges in conducting research using sound methodological principles that consider the heterogeneity of the population (e.g., mode of communication, language level, parental perspective on deafness, and educational placement), and the scarcity of intervention services with trained professionals. In the present article, I discuss in general and specific terms types of abuse prevalent within the general population and the population of children with hearing loss, reasons it is important for practitioners and those training future practitioners to improve their understanding of abuse of children with hearing loss, research findings and gaps within the literature, and possible avenues for supporting children with hearing loss who are abused.

Overview of Abuse and Deafness

Abuse can take several forms: *sexual abuse*, *physical abuse*, *neglect*, and *psychological abuse*. It is important to understand and define each form of maltreatment for purposes of appropriate diagnosis, intervention, and treatment (Lutzker, 2006). According to the Rape, Abuse, and Incest National Network (RAINN), reported cases of sexual abuse and assault have decreased nationally by 69% since 1993. RAINN credits this to aggressive publicity campaigns and social education (RAINN, 2006).

Sexual abuse includes fondling a child's genitals, intercourse, incest, rape, sodomy, exhibitionism, and commercial exploitation through prostitution or the production of pornographic materials. Given these parameters, physical contact is not necessary for sexual abuse to occur. *Physical abuse* constitutes 19% of all reported cases of child abuse and is the most visible form of maltreatment (National Exchange Club Foundation, 2000). It results from a nonaccidental trauma or physical injury. The third and most prevalent form of maltreatment in the United States is *childhood neglect* (American Humane Association, 2006). As a type of maltreatment, neglect is understood to refer to the failure by the caregiver to provide needed, age-appropriate care although financially able to do so or offered financial or other means to do so (National Child Abuse and Neglect Data System, 2006). Neglect is characterized by the absence of basic human needs such as food, health care, safety, or overall appropriate parental care. *Psychological abuse* is the most difficult of the four forms of maltreatment to articulate due to a variety of factors such as child-rearing preferences, individual and cultural differences, and issues of intent. If the definition of this type of abuse were made too general, many parents would fall into the category of perpetrators; overly specific and more subtle forms of psychological abuse would go unaddressed (Vernon, 2006). Consequently, the field is examining the actual effect of the abuse on the child.

Each year, the National Child Abuse and Neglect Data System (NCANDS) submits a report to the U.S. Department of Health and Human Services on child maltreatment. This report gives valuable information regarding the prevalence of reported child abuse cases within the United States and includes reporting from 36 states. According to the latest summary, issued by the Department of Health and Human Services in 2004, between 1990 and 2004 investigations of child abuse increased 32.4% while the rate of victimization decreased 11.2%. Overall, 7.3% of all victims were children with disabilities, and this population was 68% more likely to be found to be victims of abuse. One challenge with the information reported is that disability type is not disaggregated. Consequently, the numbers of children who are deaf or hard of hearing who have been abused cannot be accurately obtained. One solution to this challenge is to conduct a secondary analysis using existing data sets available from NCANDS.

Collecting and maintaining reported cases of abuse disaggregated by disability would be an important addition to the overall literature, as research has found that children with disabilities are more at risk for various types of abuse (Ammerman, Van Hasselt, & Hersen, 1988; Brice, 2002). Equally important to understanding the prevalence of abuse is for parents and professionals to have skills associated with identifying indicators of abuse. Indicators in isolation do not necessitate an accusation of abuse. Documentation over time may be necessary. Examples of indicators include increases in juvenile delinquency and inappropriate behaviors, alcoholism or drug abuse, mental illness, aggressive or violent behaviors, and avoidance behaviors (Deblinger, McLeer, Atkins, Ralphe, & Foa, 1989; Graybill, Mackie, & House, 1985; McCord, 1983; Monane, Leichter, & Lewis, 1984). Professional development for school staff in recognizing these indicators and knowing next steps is critical to providing intervention, treatment, and support for children who are deaf or hard of hearing and abused.

The different types of abuse have a variety of triggers or risk factors. Again, these factors in isolation rarely lead to child maltreatment. Some stressors may, in combination with other factors, lead to levels of abuse. These include sudden unemployment, divorce, death of a family member, limited parental education, low marital satisfaction, low income, low occupational class, low self-esteem, lack of connection between mother and infant, social isolation, single-parent family, or a history of abuse in previous generations (Brice, 2002; Freisthier, Merritt, & Lascala, 2006; Parke & Collmer, 1975; Ridgeway, 1993; Skinner, 1991). Additionally, having a child with a disability may add to the levels of complexity already present within family dynamics (Kazak & Marvin, 1984; Luckner & Velaski, 2004; White, Benedict, Wulff, & Kelly, 1987). Increased costs associated with having a child with a disability may lead to additional stress on families (Luckner & Velaski, 2004), which, in turn, may lead to feelings of resentment and neglect toward the child with the disability. Kazak and Marvin found that children with disabilities require more care, which lead to parents having less time for themselves. The findings of their study, published in 1984, were confirmed 3 years later by

White and colleagues when they found the needs of children with physical disabilities to be stressful for families, as parents were continuously "on call" to satisfy the needs of such children. More recently, Drake and Jonson-Reid (2006) explored cases of re-reporting of child abuse among child welfare agencies and found that children with some special needs (e.g., emotional-behavioral needs) are at increased risk for re-reporting of abuse by these agencies.

Additional risk factors that may lead to abuse of children with hearing loss include deprivation of language, lack of exposure to other children or adults who are deaf or hard of hearing, conflict and disagreement among family members regarding communication and education options, lack of a deaf peer group, lack of Deaf awareness, and poor or inappropriate parental involvement (Glickman & Gulati, 2003; Ridgeway, 1993). The available research investigating child abuse among children who are deaf or hard of hearing is limited and fraught with inconsistencies, has been conducted in an isolation that has resulted in a lack of a body of evidence, and varies greatly in identifying and describing students who are deaf or hard of hearing and abused. Given these limitations, in the present article I attempt to summarize the existing literature, identify gaps, and build a case for a research agenda.

The National Child Traumatic Stress Network (2006) drafted a white paper discussing the literature indicative of children who are deaf or hard of hearing and abused. The authors of the report concluded that while the information from these studies is informative, findings are inconsistent and cannot be generalized. For example, on the basis of a brief review of the literature, Sullivan, Vernon, and Scanlan (1987) determined that children who are deaf or hard of hearing are more likely to be abused than hearing children. Unfortunately, the four studies reviewed for this analysis varied in reported cases, age groups, and populations. The overall conclusion that 50% or more of children who are deaf or hard of hearing are abused seems questionable.

Skinner (1991) surveyed mental health clinicians with active caseloads that included adults who were deaf to determine prevalence rates of child abuse histories in the deaf adult clinical population. Additionally, Skinner examined reported symptoms, perpetrators, and therapeutic approaches to obtaining information and providing treatment. Skinner concluded from the findings that (a) biological parents are the most likely to abuse their child who is deaf, (b) males who are deaf were more likely to be physically abused than females, (c) females of the same population are more likely to be sexually abused, and (d) males are more likely to be neglected. Results indicated that age of onset (prelingual vs. postlingual), parental hearing status, communication match between parents and child, and educational placements were not predictive factors for abuse among deaf adults as children. Some of Skinner's findings have since been challenged (Brodbar, 2004; Knutson, Johnson, & Sullivan, 2004), and are discussed in more detail later in the present article.

Given these and other concerns, there is still much that can be gained from these studies. Contributing factors that may lead to abuse of children who are deaf or hard of hearing include perceptions of dependency, lack of empowerment, and increased vulnerability. Additionally, children who are deaf or hard of hearing have an increased likelihood of not communicating abuse to another parent or adult who can help due to communication barriers. Children who are deaf or hard of hearing may have additional disabilities, thus increasing the amount of stress and lack of communication leading to increased risks for abuse or neglect.

The study of children and adults who are deaf or hard of hearing and abused has been slow to progress, as the authors of the National Child Traumatic Stress Network (2006) white paper point out. Additionally, deaf adults who were interested in mental health or psychology careers in the past have been counseled to rethink their choices, or worse, have been directly denied access to programs (Raifman & Vernon, 1996). More recently, the field of professional psychology has begun to explore the need for trained psychologists, including ones who are deaf themselves, who can communicate with deaf clients and who are aware of the unique issues surrounding this population, for example, cochlear implants, communication options, and Deaf culture (Pollard, 1996). Gutman (2002) has indicated a lack of appropriately trained professionals in the field along with a dearth of professionals with the necessary communication skills to work with children and adults with hearing loss. Often, ethical issues related to anonymity within Deaf culture, access to information via sign language interpreters, and psychologists who are deaf who belong to the same social circles as their clients are listed as challenges to providing treatment and intervention for this unique population (Leigh, 2002; McCrone, 2002). Due to political, social, and litigious changes over the last 50 years, doors are opening for adults who are deaf or hard of hearing to be practitioners and clients (Pollard, 1996; Wehmeyer, Agran, & Hughes, 1998). This can only result in more positive change for children who are deaf or hard of hearing and abused.

In the remainder of the present article, I discuss each of the four types of abuse (sexual abuse, physical abuse, psychological abuse, and neglect) as they relate to children who are deaf or hard of hearing within the research literature, and identify research needs.

Sexual Abuse and Deafness

Currently, there is no consistent data-gathering system in place to document longitudinally the prevalence of childhood sexual abuse among children who are deaf or hard of hearing. If the prevalence of sexual abuse among this population is to be truly understood, additional steps must be taken to elicit consistent and widespread data collection techniques from national organizations such as the Child Welfare Information Gateway. Understanding the prevalence of abuse is important to intervention and treatment. Data sets involving students with disabilities who are abused or neglected are available. However, student information that is disaggregated by disability type is either unavailable or inconsistent. In 1994, the National Center on Child Abuse and Neglect (NCCAN) contracted with the research organization Westat to report the incidence of child abuse among children with disabilities (NCCAN, 1994). Results indicated that children with disabilities were 1.8 times more likely to be sexually abused than the general population (3.5 children per 1,000). A problem with the NCCAN study was that in the case of classifications used to identify children with disabilities and, in particular, those with hearing loss, children with a hearing loss were only reported if that loss was not corrected by a hearing aid and were often classified in the category of speech or language delay or impairment (Dobosh, 1999).

Reported sexual abuse cases among children appear to be on the decline. However, this is difficult to gauge, as this form of abuse is the least reported type among children. Citing data collected by the National Child Abuse and Neglect Data System, an activity of the U.S. Department of Health and Human Services, Terry and Tallon (2004) noted that between 1992 and 2001 there was a decrease in reported cases of sexual abuse among the general population of children, from 0.23% of the child population to 0.12%. Terry and Tallon pointed out that these numbers represented only those children whose cases were reported by social service agencies and criminal justice institutions. There are often cases of sexual abuse among children that result in no official report being filed.

In the special education literature, researchers have attempted to identify characteristics of children who are deaf or hard of hearing and abused, but, again, results cannot be generalized. The research suggests that abuse is more prevalent within the population of children with disabilities than among those without disabilities (Westcott & Jones, 1999). Recipients of sexual abuse tend to be women of non-White racial status; survivors of sexual abuse who are deaf are typically women; and, due to the nature of their disability, children who are deaf seem to be more prone to forms of sexual abuse than other populations (Dobosh, 1999; Skinner, 1991; Sullivan et al., 1987; Westcott, 1991). Sullivan and colleagues suggested that a high percentage (as much as 50%) of girls and boys who are deaf have experienced some form of childhood sexual abuse and that children in this population tend to be abused where they spend the most time: residential schools for children in center-based programs, or their own homes, in the case of children educated in mainstream settings.

Again, the research I have identified is lacking in that the noted studies are antiquated and the studied populations do not exist in the same numbers that they once did (e.g., students who are deaf living in residential schools with no additional disabilities). As a result, generalizations from these studies cannot be made, and should not be attempted. Future research studies must look at possible replication of the studies identified in the present article, must identify the long-term effects of childhood sexual abuse on children who are deaf or hard of hearing, need to describe the characteristics of the types of perpetrators who sexually abuse children who are deaf or hard of hearing, and must identify clear treatment and intervention options for abused children with hearing loss, taking into account their unique needs.

Given the limited research available, the field must still endeavor to glean information that can guide intervention and practice. Helping children who are deaf or hard of hearing avoid becoming victims of abuse starts with identifying characteristics that indicate vulnerability. For example, schools must provide sex education by adults with whom the child can communicate. Parents and educators must teach empowerment and survival strategies for children with hearing loss. Adults must help children become independent thinkers, rather than be compliant and obedient to any adult or those in authority. Feelings of isolation that result in responsiveness to attention and affection must be decreased, and adolescents need to receive education about their changing bodies. Language deprivation needs to be decreased, and children need appropriate adult role models with whom they can communicate on a daily basis (Finkelhor, Hotaling, Lewis, & Smith, 1990; Freisthier et al., 2006; Glickman & Gulati, 2003; Westcott, 1991).

Physical Abuse and Deafness

Physical abuse of children who are deaf or hard of hearing has been recently reported upon in the literature (Brodbar, 2004; Knutson et al., 2004). Findings indicate that physical abuse is more prevalent among this population, as compared with children who are hearing, and that lack of a common communication mode between parent and child may be a factor. Brodbar explored the prevalence of physical abuse among children who are deaf and have hearing parents (both signers and nonsigners), while using a comparison group of hearing children with hearing parents. Research questions explored the potential for an increase in physical abuse among hearing parents who do not sign with their child who is deaf. Broadbar's results suggested a trend toward higher stress within both groups of hearing parents of deaf children, relative to hearing parents of hearing children, and a possible increase in physical abuse in the nonsigning group of hearing parents with deaf children. Knutson and colleagues (2004) looked at three groups of mothers: those seeking cochlear implants for their child who was deaf, those not seeking implantation, and mothers of typical hearing children. The researchers found that hearing mothers of children with profound hearing loss were more likely to respond with physical discipline than hearing mothers of hearing children.

Follow-up studies are needed in this topic area to determine in more detail the conditions under which children with hearing loss suffer physical discipline and abuse at the hands of their hearing parents, whether signing or nonsigning, and to track the outcomes for these families if cochlear implantation is done. Additionally, physical discipline within Deaf culture must be explored. What are the findings of physical discipline and abuse by deaf parents of deaf children? How is physical abuse defined? A feature lacking in both of the studies under discussion (i.e., Brodbar, 2004; Knutson et al., 2004) is an exploration of additional factors that may be present within the family dynamic. For example, is there a history of physical discipline and abuse among families? What are families' discipline philosophies, and are there additional triggers such as those listed above that may be characteristic of this unique population, such as a lack of early intervention for families of children who are deaf or hard of hearing? Does the child with hearing loss have additional disabilities? Answers to these questions and identification of other factors may help describe the complexity of family dynamics for those who have a child with a hearing loss. Answers to these questions will facilitate early intervention for families with children who are deaf or hard of hearing.

Psychological Abuse, Neglect, and Deafness

Parke and Collmer (1975) discussed psychiatric, sociological, and social-situational models directed toward understanding child abuse. When discussing the social-situational model, the authors indicated that an interference with mother-infant attachment may lead to an increase in abuse. This is a critical finding for the population of infants with hearing loss and their families. The great majority of infants born deaf, 94.4%, are born to hearing parents (Gallaudet Research Institute, 2005). Historically, infants were not identified with a hearing loss until the age of 2 years, and it typically became apparent only when the child failed to develop speech (Schirmer, 2001). During the first 2 years of the child's life, an interference with communication and bonding between infant and mother may develop and lead to a variety of frustrations for both parties.

Mother-infant attachment is critical for several reasons. Early development in mastery motivation, "a psychological force that stimulates an individual to attempt independently, in a focused and persistent manner, to solve a problem or master a skill or task which is at least moderately challenging for him or her" (Morgan, Harmon, & Maslin-Cole, 1990, p. 319), relies on the infant reaching out to interact with its environment and receive feedback. If there is a disruption in this reciprocal interaction between mother and infant, frustrations and challenges may arise for both parties. Infants may believe they are not getting their needs met and thus may cry out or, worse, become withdrawn. Mothers may have feelings of rejection and may not understand why their newborn is not interacting with them. This could lead to feelings of inadequacy in mothers and may be especially trying for new mothers.

Today, most states have early intervention and detection laws or voluntary compliance programs that assess 95% or more of newborns ("Newborn Hearing Screening," 2006). Early detection of a hearing loss is key to supporting parents and infants. Per Part C of the Individuals With Disabilities Education Act, states are required to provide early intervention services. What is the impact of early intervention on child abuse and neglect when infants are identified early? Do aspects of early intervention aid families in combating the stresses of having a child with a hearing loss when both parents are hearing? The literature on early intervention for infants and toddlers with disabilities indicates that early intervention works (Cole, Mills, Jenkins & Dale, 2005). Similar success has

been documented in the deaf education literature (Yoshinaga-Itano & Downey, 1996). Pittman (2003) conducted a qualitative study to determine if early intervention services for families of children who are deaf or hard of hearing had lasting effects. Results indicated that these services had a permeating influence on the lives of family members while they were receiving early intervention services, and that the initial influence continued to affect their lives. Consequently, training early intervention specialists to help families adjust appropriately to the needs of their child with a hearing loss continues to be a critical concern for the field of deaf education.

Overall Research and Training Needs

There is a paucity of research on the prevalence and effects of childhood abuse of individuals who are deaf. Neither is much research available on effective intervention. In many cases, the research that has been conducted is limited by resources and threats to validity—that is, small samples, limited generalizability of results to a heterogeneous population, and concerns about interpretation of responses when information is interpreted using various communication modes (M. D. Gall, J. P. Gall, & Borg, 2003). Studies conducted in this topic area regarding this population have used a variety of quantitative and qualitative techniques such as focus groups, surveys, and interviews. Establishment of a purposeful research agenda that expands and builds upon the existing research base will help close the gaps identified in the present article. For example, studies exploring the number of adults who are deaf or hard of hearing who are entering psychology programs, and how these programs adjust to support students who are deaf or hard of hearing, would help future psychology programs build both a student and a client population base. Evaluating Theory of Mind with children who are deaf or hard of hearing and how abuse affects self-perception may facilitate the establishment of improved treatment and intervention options for children who are deaf or hard of hearing and abused. Finally, examining successful youth and adults who are deaf or hard of hearing and survivors of abuse would help to identify characteristics of individuals and families that may aid others in overcoming the effects of abuse (Luckner & Muir, 2001; Pollard, 1996; Rieffe, Terwogt, & Smit, 2003).

While the data available on the prevalence of child maltreatment among children who are deaf or hard of hearing is still being investigated, and the number of children in this population who are abused is not yet truly understood, researchers must conduct future studies using more methodical approaches. More than 20 years of early intervention research has established that early intervention works for infants and toddlers with disabilities and their families (Baker & Abbott-Feinfield, 2003; McGoey, Eckert, & Dupaul, 2002). Researchers are now interested in establishing a second-generation body of research: For whom does early intervention work and under what conditions (Cole et al., 2005)? A similarly methodical approach to research must be taken to better understand abuse of children with disabilities, and of children with hearing loss in particular. Research has established that abuse does occur within the population of children who are deaf or hard of hearing. The extent of this abuse remains to be determined. A longitudinal classification system designed to consistently and uniformly identify children with disabilities who are abused must be established. Next, researchers must continue to explore and identify characteristics that lead to abuse of children with hearing loss. Preliminary findings indicate that children with profound hearing loss who do not share a common communication mode with parents may be more likely to be physically abused. What additional characteristics, if present, may also lead to abuse? To whom does abuse occur and under what conditions? Understanding these characteristics can lead to more effective early intervention services for families, as well as more effective treatment options for abused children and adults who are deaf or hard of hearing. Finally, research must begin to look at the long-term effects of abuse on children who do and do not receive intervention services. What types of treatment and intervention are effective with this population, and what are the characteristics of the providers? An understanding of these aspects will lead to increased services for children, youth, and adults who are deaf or hard of hearing and victims of maltreatment.

Practitioners, professionals, and others can do more to address the hidden aspects of abuse that affect children and youth who are deaf or hard of hearing. The overall goal of the present article is to spark discussion and raise a call to action to address the most common theme identified within the literature: the necessity to satisfy the need for highly trained specialists within the field to work with families and their children—youth and adults who are deaf or hard of hearing—so as to prevent abuse altogether.

Considerations for Clinicians Working With Deaf Children and Adults Who May Be Abused

There are several steps that parents, other family members, psychologists, psychiatrists, and other practitioners can take to help address issues of

abuse for youth and adults who are deaf or hard of hearing. The following list is not meant to be comprehensive, but rather one that will aid advocates in learning how they may take steps to support this unique population as its members face the effects of maltreatment.

- Become knowledgeable about issues relevant to deafness, for example, communication modes and language development, cochlear implants, Deaf culture, and early intervention (Vernon, 2006).
- Establish common, clear, and respectful communication among participants in care and prevention (Gutman, 2002).
- Provide students and clients who are deaf or hard of hearing with skilled and competent therapists using up-to-date technology such as "teletherapy" (McCrone, 2002). This technology must be used with caution, as teletherapy does not allow the therapist to observe nuances of the client's condition, such as hand tremors, bitten nails, evidence of drug use, or worrisome tattoos.
- Empower students and other clients by providing a supportive and language-rich environment for self-expression (Brice, 2002; Velaski-Sebald, 2005).
- Work with families of children who are deaf or hard of hearing early. Early intervention has been shown to be helpful to children with hearing loss (Yoshinaga-Itano & Downey, 1996). Support families as they adjust to the added stressors that typical families may not experience.
- Help parents appropriately communicate acceptable and unacceptable behaviors for home, school, and in public. Ensuring that this appropriate communication exchange occurs will help children who are deaf learn about the world around them.
- Hold high expectations for children who are deaf or hard of hearing and provide frequent and authentic experiences accompanied by language support (Schirmer, 2001).

Table 1
Some Helpful Web Sites on the Abuse of Children and Others Who Are Deaf or Hard of Hearing

Child Welfare Information Gateway (formerly National Center on Child Abuse and Neglect)	http://www.childwelfare.gov/
Focus Adolescent Services	http://www.focusas.com/Abuse.html
National Child Abuse and Neglect Data System 2004 *Child Maltreatment Report*	http://www.acf.hhs.gov/programs/cb/pubs/cm04/cm04.pdf

Some useful Web sites are listed in Table 1.

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